

Winter 2004 Basketball League

70 E Civic Center Dr, Gilbert, AZ 85296 • (480) 503-6200



LEAGUE INFORMATION

- MEETING:** Scheduled for 7:30 p.m. on Monday, January 5 at the Southeast Regional Library, 775 N. Greenfield Road (Greenfield and Guadalupe).
- DIVISIONS:** Lower / CMonday evenings.
Upper / BWednesday evenings.
- LOCATION:** Games played at Greenfield Junior High School, 101 S. Greenfield, Gilbert AZ.
- LEAGUE FEE:** \$490 per team.
- REGISTRATION:** Priority will be given to teams that have 50% of their roster Gilbert residents. (**Priority teams must provide proof of residency for rostered Gilbert residents** - copies of driver's license, utility bill, etc.) Priority teams may register beginning at 8am January 6 - 9. After that, registration will be accepted on a first-come, first-serve basis through January 16, or until the league fills. Priority teams must include proofs when turning in roster.
- ROSTER:** Minimum of 5 players - maximum 15. Players' names, addresses, phone numbers and signatures are required. Roster changes may be made until the start of each team's third game.
- DEADLINE:** Completed rosters and league fees are due no later than Friday, January 16 at 5pm. Drop off or mail registration to our ***NEW*** address: ***Gilbert Parks and Recreation, 70 E. Civic Center Drive, Gilbert, AZ 85296.***
- SEASON:** Begins the week of January 26 through mid-April (includes league play and single-elimination tournament).
- MORE INFO:** Call the Gilbert Parks and Recreation Department at (480) 503-6200.



BASKETBALL TEAM ROSTER

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**TEAM INFORMATION** *(Please print)*

Team Name: _____ Manager email: _____

Division: (Please specify) Lower (Mon C) _____ Upper (Wed B) _____

Manager: _____ Phone (wk) _____ (hm) _____ (cell) _____

Address: _____ City: _____ Zip: _____

ASSUMPTION OF RISK & RELEASE OF ALL CLAIMS & NOTICE

I allow my child and/or myself, to participate in this program. We release the Town of Gilbert and its employees of any liability, claims or demands, which we may hereafter have as a result of participating in recreational activities, using recreational facilities, or being transported to events as part of this program. I understand that the Town of Gilbert has no medical insurance for this program. I understand there are risks involved with strenuous physical exertion as part of this program, including serious injury. I certify that my physical condition is satisfactory to participate in physically demanding activities. I am at least 18 years of age.

| Player's Name | Address | City | Zip | Phone | Signature |
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ROSTERS: Minimum 5 players, maximum 15 players

As the representative of my team, I have read and agree to all the rules and regulations of the Gilbert Parks and Recreation Sports Program. I verify that to the best of my knowledge all information given on this form is true and accurate.

Manager's Signature_____
Date